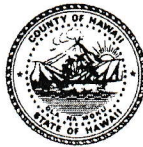


Mitchell D. Roth
Mayor

Lee E. Lord
Managing Director

Robert H. Command
Deputy Managing Director

Hilo: 1990 Kino'ole Street, Suite 102
Hilo, Hawai'i 96720
Phone: (808) 959-4642
Fax (808) 959-9308



Office of Housing and Community Development
Existing Housing Division

E-mail: sec8info@hawaiicounty.gov

Susan K. Kunz
Housing Administrator

Harry M. Yada
Assistant
Housing Administrator

Kona: 74-5044 Ane Keohokalole Hwy.
Bldg B, 2nd Floor
Kailua Kona, HI 96740
Phone: (808) 323-4300
Fax (808) 323-4301

November 19, 2021

App. No: 43115

DEBRA E MORROW
1050 W GRIFFTH WAY 111
FRESNO CA 93705

SUBJECT: Approval of Request for an Extension of Voucher Term--COVID Waiver
PROGRAM: Housing Choice Voucher

The Existing Housing Division (EHD) has approved your request to extend your voucher term. This will be the maximum time allowed under HUD's COVID Waivers. It is your responsibility to locate suitable and eligible housing before the expiration date.

Your voucher term has been extended through **December 31, 2021**.

If a completed Rental Packet and copy of a proposed Rental Agreement is submitted to the Office of Housing and Community Development (OHCD) prior to the expiration date, your voucher term will be suspended. If the voucher expires, you will no longer be eligible for program participation and must reapply to the waiting list.

If you have any questions, please contact me at (808) 959-4642 or by e-mail at sec8info@hawaiicounty.gov.

Jenny, HCD Specialist III

RR 5-II.E
PIH Notice 2021-33



If you or anyone in your family is a person with a disability, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Office of Housing and Community Development, Existing Housing Division in Hilo at (808) 959-4642 or in Kona at (808) 323-4300.



Youcher
Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB No. 2577-0169
(Exp. 07/31/2022)

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names is mandatory. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher issuance.

Please read entire document before completing form. Fill in all blanks below. Type or print clearly.		Voucher Number	HCV603
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)		1. Unit Size	1
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.		2. Issue Date (mm/dd/yyyy)	09/27/2021
3. Date Voucher Expires (mm/dd/yyyy) must be at least sixty days after date issued. Voucher is issued. (See Section 6 of this form.)		3. Expiration Date (mm/dd/yyyy)	11/26/2021
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)		4. Date Extension Expires (mm/dd/yyyy)	
5. Name of Family Representative Debra E. Morrow	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)	
7. Name of Public Housing Agency (PHA) Office of Housing and Community Development			
8. Name and Title of PHA Official Desiree, HCD Specialist VI	9. Signature of PHA Official	Date Signed (mm/dd/yyyy) 9/27/21	

1. Housing Choice Voucher Program

- A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

2. Voucher

- A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.

- B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
- C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

3. PHA Approval or Disapproval of Unit or Lease

- A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (on the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**
- B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.
- C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provisions of the HUD tenancy addendum shall control.

Document ID: 10495342320



Certification

Section 8 Tenant-Based Assistance Rental Voucher Program

Tenant ID 43115

WARNING: BY SIGNING THIS FORM, YOU ARE INDICATING THAT YOU HAVE READ AND ARE AGREEING WITH ITS CONTENTS

UNIT ADDRESS	ANNUAL INCOME	
	GROSS	8,400
	ADJUSTED	8,400
OCCUPANTS	CONTRACT RENT	0
Debra E. Morrow	TENANT SHARE	0
	SECTION 8 SHARE	0
	UTILITY ALLOWANCE	
	UTILITY REIMBURSEMENT	0
	EFFECTIVE DATE	09/27/2021

FEDERAL PRIVACY ACT NOTICE

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal and regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

PENALTY: You must provide all of the information requested by the public housing agency/Indian housing authority, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

TENANT(S)' CERTIFICATION

Under the penalty of perjury, I/We certify that the information provided is true and complete to the best of my/our knowledge and belief. I/We understand that we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

AGENT CERTIFICATION

I certify that this tenant's eligibility, rent and assistance payment have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Debra E. Morrow Head of Household

Date

Spouse/Co-Head

Date



Jenny, HCD Specialist III



Date

Document ID: 10495742420



FAMILY REPORT SUMMARY

Tenant ID 43115

Initial Data

Agency	Office of Housing and Community	Type of Action (2a)	Issuance of Voucher (S8 only)
Program	Housing Choice Voucher	Effective Date (2b)	09/27/2021
Assistance Type	VO	Admission Date (2c)	
Increment		Reexam Date (2i)	
Case Worker	Jenny		
Port Status			
FSS Participant (2k)	N		

Household Data

#	Full Name	Date of Birth	Age	Sex	Rel	Cit	Dis	Race	Ethnic	SSN/Alt ID	Com Serv	SSN Verified	ELBL	Vet	Alien Number
1	Debra E. Morrow	03/29/1978	43	F	H	EC	N	3	1	***-**-0386					

Phone	(559) 223-9297	Address 1	1050 W Griffth Way 111
Alternate	(559) 273-2872	Address 2	
Language		City, State, ZIP	Fresno, CA 93705
		Use This Address Until	

Unit Data

Unit Address 1		Unit Type	
Unit Address 2		Census Tract	
Unit City, State, ZIP		Out Of Territory	
County			
Utility Allowance		Bedrooms in Unit	
Rent to Owner		Security Deposit	
Gross Rent	0		

Owner Data

Full Name		Check Address	
Company Name			
Tax ID			
Account Number			

Total Monthly Income (9a)	700	HAP	0
TTP based on Annual Income (9c)	70	Tenant Rent	0
Adjusted Monthly Income (9d)	700	Utility Reimburse	0
TTP based on Adjusted Income (9f)	210	FSS Escrow	0
TTP (9j)	210	Port Admin Fee	0
		Port Additional	



EFFECTIVE 10/2/21 AFFORDABLE RENT LIMIT CALCULATION WORKSHEET

(Updated using Fair Market Rents effective October 1, 2021 and Utility Allowance effective February 1, 2020)

NAME: MORROW

APP ID: 43115

You must search for a rental unit that is under your Affordable Rent Limit. The information below shows how we calculate your limit and is based on household composition, family income, Payment Standard and the Utility Allowance Schedule.

FAMILY INFORMATION

Annual Income	8,400
Less Deductions:	
▶ Elderly (\$400)	-
▶ Dependents (\$480 per dependent)	-
▶ Medical Exp.	
▶ Child Care Exp.	
Adjusted Annual Income	8,400
Adjusted Monthly Income	700
30% of Adj. Mo. Income	210
40% of Adj. Mo. Income	280
10% of Adj. Mo. Income	70

EXAMPLE: Single Family House
electric/water NOT included

AFFORDABLE RENT LIMIT
(Utilities NOT Included):
1083 - 1153
Tenant rent:
13 - 83

Family Share MAX

Number of bedrooms on voucher 1

Voucher Payment Standard **1280**

Total Tenant Payment (TTP) = Greater of:		<i>minus</i>
A. 30% Adj. Mo. Income	210	
B. 10% Mo. Income	70	210
C. \$50 Minimum Rent	0	
		<i>equals</i>

Maximum Housing Assistance Payment *** (D) **1070**
(could be lower)

AFFORDABLE RENT LIMIT (Utilities Included) *** (E) **1350**
(payment standard + 10% adjusted monthly income)

PAYMENT STANDARD INFORMATION BY BEDROOM SIZE 10/2/2021)

	0BR	1BR	2BR	3BR	4BR	5BR
ALL AREAS	\$1,118	\$1,280	\$1,684	\$2,165	\$2,283	\$2,625